Texas Department of Insurance
Division of Workers' Compensation
Medical Fee Dispute Resolution, MS-48
7551 Metro Center Drive, Suite 100 • Austin, Texas 78744-1645
518-804-4000 telephone • 512-804-4811 fax • www.tdi.texas.gov

MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

GENERAL INFORMATION

Requestor Name and Address

ANGELA SHIPPY, MD
3100 TIMMONS LANE, STE 250
HOUSTON, TEXAS 77027

Respondent Name
STANDARD FIRE INSURANCE CO

Carrier's Austin Representative Box
Box Number 05

MFDR Tracking Number
M4-11-3170-01

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: "CARRIER REFUSES TO PAY FULL AMOUNT DUE FOR SERVICES RENDERED EVEN AFTER A REQUEST FOR RECONSIDERATION WAS SUBMITTED."

Amount in Dispute: $150.00

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: "The Provider may feel they are entitled to additional reimbursement for the range of motion evaluation of the spine, however the Impairment Rating assessed was based on the DRE method. Regardless, the Provider has been reimbursed for the spine assessment and the reimbursement is the same ($150) whether the spine is assessed based on DRE or as the third musculoskeletal body area. The Provider does not get reimbursed twice for utilizing both methods to assess the same musculoskeletal body area."

Response Submitted by: Travelers (Standard Fire), 1501 S. MOPAC EXPWY. STE. A-320, AUSTIN, TX 78746

SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
January 08, 2011	99456-W5-WP	$150.00	$150.00

FINDINGS AND DECISION

This medical fee dispute is decided pursuant to Texas Labor Code §413.031 and all applicable, adopted rules of the Texas Department of Insurance, Division of Workers' Compensation.

Background

1. 28 Texas Administrative Code §133.307 sets out the procedures for resolving medical fee disputes.
2. 28 Texas Administrative Code §134.204 sets out Medical Fee Guidelines for workers' compensation specific services effective March 1, 2008.
3. The services in dispute were reduced/denied by the respondent with the following reason codes:

   Explanation of benefits dated April 05, 2011
   - FEES - W1 – WORKERS COMPENSTATION STATE F/S ADJ. REIMBURSMENT BASE ON MAX ALLOWABLE FEE FOR THIS PROC. BASED ON MEDICAL F/S, OR IF ON IS NOT SPECIFIED, UCR FOF THIS ZIP CODE AREA.

   Explanation of benefits dated May 04, 2011
   - Z10F - 193 - ORIGINAL PAYMENT DECISION IS BEING MAINTAINED. UPON REVIEW, IT WAS DETERMINED THAT THIS CLAIM WAS PROCESSED PROPERLY. AFTER CAREFULLY REVIEWING THE RESUBMITTED INVOICE, ADDITIONAL REIMBURSEMENT IS NOT JUSTIFIED.

Issues

1. Has the Designated Doctor (DD) examination been reimbursed appropriately per 28 Texas Administrative Code §134.204?
2. Is the requestor entitled to additional reimbursement for disputed services under 28 Texas Administrative Code §134.204?

Findings

1. The provider billed the amount of $1,100.00 for CPT code 99456-W5-WP for a DD examination for Maximum Medical Improvement/Impairment Rating (MMI/IR). Review of the documentation supports that MMI was assigned and four body area/conditions were rated. Per 28 Texas Administrative Code §134.204(j)(3)(C), the Maximum Allowable Reimbursement (MAR) for MMI is $350.00. Per Texas Administrative Code §134.204(j)(4)(C)(i)(I), lumbar and cervical are part of one body area, the spine. Per 28 Texas Administrative Code §134.204(j)(4)(C)(ii)(I), the combined MAR for an IR using Diagnosis Related Estimates (DRE) Category II method on the lumbar (spinal region) and DRE Category I cervical (spinal region) is $150.00. The right shoulder and right elbow (upper extremities) are rated as one 1st musculoskeletal area defined in §134.204(j)(4)(C)(i)(II) using Range of Motion (ROM) with a MAR of $300.00 per 28 Texas Administrative Code §134.204(j)(4)(C)(ii)(II)(a). Documentation also supports non-musculoskeletal body area/conditions rated per AMA Guides to the Evaluation of Permanent Impairment, fourth edition. The head contusion and right kidney contusion each have a MAR of $150.00 per 28 Texas Administrative Code §134.204(j)(4)(D)(iv) and (v) for $300.00. Therefore, the total MAR for the combined MMI/IR services rendered is $1,100.00.
2. The respondent has already reimbursed the amount of $950.00 for the disputed CPT code 99456-W5-WP. Therefore, the requestor is entitled to additional reimbursement of $150.00.

Conclusion

For the reasons stated above, the Division finds that the requestor has established that additional reimbursement is due. As a result, the amount ordered is $150.00.

ORDER

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code Sections 413.031 and 413.019 (if applicable), the Division has determined that the requestor is entitled to additional reimbursement for the services involved in this dispute. The Division hereby ORDERS the respondent to remit to the requestor the amount of $150.00 plus applicable accrued interest per 28 Texas Administrative Code §134.130, due within 30 days of receipt of this Order.

Authorized Signature

Signature	Gregory Fournerat Medical Fee Dispute Resolution Officer	November 21, 2011 Date

YOUR RIGHT TO REQUEST AN APPEAL

Either party to this medical fee dispute has a right to request an appeal. A request for hearing must be in writing and it must be received by the DWC Chief Clerk of Proceedings within **twenty** days of your receipt of this decision. A request for hearing should be sent to: Chief Clerk of Proceedings, Texas Department of Insurance, Division of Workers Compensation, P.O. Box 17787, Austin, Texas, 78744. The party seeking review of the MDR decision shall deliver a copy of the request for a hearing to all other parties involved in the dispute at the same time the request is filed with the Division. **Please include a copy of the *Medical Fee Dispute Resolution Findings and Decision*** together with any other required information specified in 28 Texas Administrative Code §148.3(c), including a **certificate of service demonstrating that the request has been sent to the other party.**

Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.